

Subject:

SURRENDER OF LICENSE WITH CAUSE

This is to acknowledge that on _____ you voluntarily surrendered the above referenced _____.

Prior to surrendering your license, you were offered, in writing, an opportunity to meet with the DCFS Regional Licensing Administrator/Foster Care Licensing Manager for an Informal Review.

In accordance with DCFS Rule 383, Licensing Enforcement, I am notifying you that the surrender has been determined to be "with cause," which means that you may not reapply for a child care facility license for one year from the date of the surrender.

Date: _____

Licensing Representative

cc: